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SANDRIDGE
& RICE**

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OCT 12 2006

David S. Bradin

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October 12, 2006 Number of Pages: **16** Please call the following number if the message you receive is incomplete or not legible: (919) 484-2301

C/M 48547.0012.5

To:	Company:	Fax:	Phone:
MS: Non-Fee Amendment	USPTO	1.571-273-8300	

Please see attached.

Thank you,

David S. Bradin

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WCSR_3454357.v1

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PTO/SB/97 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

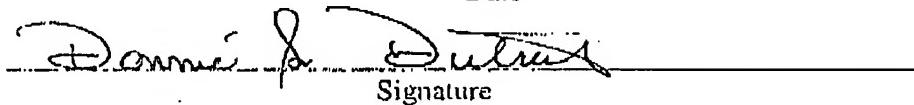
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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office,
(M/S: Non-Fee Amendment) (571-273-8300) on October 12, 2006.

Date



SignatureDonnie S. Dietrich

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Serial No. 10/643,319, filed on August 19, 2003.

The following documents are included:

Fax Cover Page (1 page)
Fee Transmittal (1 + 1 cc = 2 pages)
Response/Amendment (8 pages)
Amendment Transmittal letter (1 + 1 cc = 2 pages)
Petition for three month extension of time (1 + 1 cc = 2 pages)
This page (1 page)

Total: 16 pages

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1 800-PTO 9199 and selection option 2.

PTO/SB/17 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

510.00

Complete if Known

Application Number	10/643,319
Filing Date	Aug. 19, 2003
First Named Inventor	RUFF, et al.
Examiner Name	OHL, Simon, J.
Art Unit	1618
Attorney Docket No.	M233 1030.1 (48547.0012.5)

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METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 09-0528 Deposit Account Name: Womble Carlyle

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

- 100 = _____ / 50 * _____ (round up to a whole number) x _____ = _____

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Three Month Extension of Time for Small Entity

\$510.00

SUBMITTED BY

Signature

Name (Print/Type)

Registration No.

(Attorney/Agent) 37,783

Telephone 919.484.2382

Date October 12, 2006

This collection of information is required by 37 CFR 1.13G. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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*Please pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).***FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

510.00

Complete if Known

Application Number	10/643,319
Filing Date	Aug. 19, 2003
First Named Inventor	RUFF, et al.
Examiner Name	OII, Simon, J.
Art Unit	1618
Attorney Docket No.	M233 1030.1 (48547.0012.5)

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METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 00-0528 Deposit Account Name: Womble Carlyle

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2030.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	-----
Design	200	100	100	50	130	65	-----
Plant	200	100	300	150	160	80	-----
Reissue	300	150	500	250	600	300	-----
Provisional	200	100	0	0	0	0	-----

2. EXCESS CLAIM FEES

Fee Description	Small Entity		Multiple Dependent Claims	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	-----	-----	50	25
Each independent claim over 3 (including Reissues)	-----	-----	200	100
Multiple dependent claims	-----	-----	360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	-----
- 20 or HP*	x	=	-----	
HP = highest number of total claims paid for, if greater than 20.				
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	-----
- 3 or HP*	x	=	-----	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(u)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	/ 50	= (round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): *Petition for Three Month Extension of Time for Small Entity* \$510.00

SUBMITTED BY

Signature	<i>David Brattin</i>	Registration No. (Attorney/Agent) 37,783	Telephone 919.484.2382
Name (Print/Type)	David S. Brattin	Date October 12, 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including authoring, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re PATENT application of: RUFF, et al.
 Serial No: 10/643,319
 Filed: August 19, 2003
 Title: COATED DIBASIC CALCIUM PHOSPHATE

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AMENDMENT TRANSMITTAL LETTER

MS: NON-FEE AMENDMENT

Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SR	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep Claims	2	- 3	= 0	X \$200/\$100	= \$0
					Total Additional Fee for this Amendment = \$0

- No fee is required.
 The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06

Date


 David S. Bradin
 Reg. No. 37,783

Womble Carlyle Sandridge & Rice, PLLC
 P.O. Box 7037
 Atlanta, GA 30357-0037
 (404) 872-7000 (Telephone)
 (404) 888-7490 (Facsimile)

ATLANTA 139412v1

Atty. Dkt. No.: M233 1030.1 (48547.0012.5)

In re PATENT application of: RUFF, et al.
 Serial No: 10/643,319
 Filed: August 19, 2003
 Title: COATED DI BASIC CALCIUM PHOSPHATE

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AMENDMENT TRANSMITTAL LETTER

OCT 12 2006

MS: NON-FEE AMENDMENT
 Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

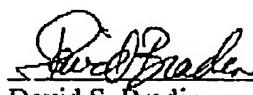
The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate LE/SE	Additional Fee
Total Claims	14	- 20	= 0	X \$50/\$25	= \$0
Indep. Claims	2	- 3	= 0	X \$200/\$100	= \$0
Total Additional Fee for this Amendment = \$0					

- No fee is required.
 The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

10/12/06
Date


 David S. Bradin
 Reg. No. 37,783

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ATLANTA 139+12v1

PAGE 8/16 * RCVD AT 10/12/2006 2:31:35 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/5 * DNIS:2738300 * CSID:9194842340 * DURATION (mm:ss):09-20